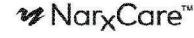


CVS-MDL-01728

Explain these Narx Scores (Guidance on Page 2) NarxCare™**Bullets**

- Narx Scores exist for narcotics, sedatives, and stimulants.
- Narx Scores range from 000-999
- The **last digit** of a Narx Score equals the number of active prescriptions of that drug type
- Narx Scores are type specific use indicators based on the following measurements:
 - Number of Prescribers
 - Number of Pharmacies
 - Milligram equivalents
 - Overlapping prescriptions
- Narx Scores have a time element such that more recent activity is weighted more heavily than distant activity.
- Increasing numbers of providers, pharmacies, milligram equivalencies, and overlapping prescriptions result in higher Narx Scores.
- In a typical state-wide population of patients, the distribution of Narx Scores on any given day is such that:
 - 75% score less than 200
 - 5% score above 500
 - 1% score above 650

Brief Narrative

Narx Scores are designed to draw awareness to the presence of significant PMP data. They represent information at a glance and are best used when incorporated into clinical work-flow as an automated result (i.e. the system automatically queries for an updated score as soon as the patient arrives).

Some important considerations when using Narx Scores:

1. Narx Scores that raise concern should trigger a discussion, not a decision.
2. Narx Scores are not abuse scores. It is true that at very high scores patients are likely to exhibit some form of misuse in their PMP record, but a score alone cannot be used to determine appropriateness or misuse.
3. The Narcotic and Sedative score overlap in that narcotics contribute to the sedative score and vice versa. As a result, a patient may have a low narcotic score even though they haven't been prescribed a narcotic.
4. Overlapping prescriptions are heavily weighted in the scoring algorithm. The key requirement is that two *different* prescribers prescribe the same type of medication for use on the same day.

Clinical Guidance

<u>Score/Range</u>	<u>Notes</u>	<u>Guidance*</u>
000	This may be the first prescription of this type for the patient.	Discuss risks/benefits of using a controlled substance. Consider informed consent.
010-200	Approximately 75% of scores fall in this range. Occasionally, patients in this score range have a remote history of high usage (> 1 year ago).	Review use patterns for unsafe conditions. Discuss any concerns with patient. See guidance below If previously high usage exists with recent abstinence, consider risk/benefits of new prescriptions
201-650	Approximately 24% of scores fall in this range.	Review use patterns for unsafe conditions. Discuss any concerns with patient. See guidance below.
> 650	Approximately 1% of scores fall in this range. Some patient records may have a score in this range and <i>still be within prescriber expectations</i> . Many patient records include some level of multiple provider episodes, overlapping prescriptions, or elevated milligram equivalency.	Review use patterns for unsafe conditions. If multiple providers involved in unsafe prescribing discuss concern with patient and consider contacting other providers directly. If multiple pharmacies involved in unsafe prescribing discuss concern with patient and consider pharmacy lock-in program. If overlapping medications of same or different type, discuss concern with patient and consider taper to lower dose and/or discontinuation of potentiating medications. If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient evaluation and treatment.

* Explanations and guidance within this document are not intended to be all inclusive of the options available to the clinician or pharmacist. NarxCare scores and reports are based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented in NarxCare reports should be used as sole justification for providing or refusing to provide medications.